

Case Number:	CM14-0002161		
Date Assigned:	01/24/2014	Date of Injury:	08/24/2010
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61-year-old female with a reported date of injury of August 24, 2010. The injury reportedly occurred when the injured worker tripped over a curb and fell and landed on her knees. The progress note dated December 7, 2013 listed the medications as Topamax, gabapentin, Fioricet with Codeine, Tylenol with Codeine, Celebrex, Zantac, and Lidoderm patch. The diagnoses listed on the progress note are anxiety/depression, history of migraine headaches, bilateral shoulder internal derangements, bilateral knee internal derangements with arthritic changes, cervical and lumbar radiculopathy associated with disc protrusions, and bilateral hip sprain/strains. The request of authorization form was not submitted with the medical records. The request is for Synvisc injections to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

SYNVISC INJECTIONS TO BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections

Decision rationale: The injured worker has received an injection previously and the progress noted described her knee pain as slightly sore with slight effusion.. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatment such as exercise, NSAIDs (non-steroidal anti-inflammatory drugs), or acetaminophen, to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The guidelines criteria for hyaluronic acid injections are injured workers with significantly symptomatic osteoarthritis who have not responded adequately to recommended conservative nonpharmacologic such as exercise and pharmacologic treatments or are intolerant of these therapies. The guidelines also request documented symptomatic severe osteoarthritis of the knee which may include the following: bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, and no palpable warmth of synovium and over 50 years of age. The criteria also request for injured workers that are not currently candidates for total knee replacements or have failed previous knee surgery for their arthritis. The guidelines also recommend that if significant improvement in symptoms for six months or more, if symptoms recur, it may be reasonable to do another series. There is a lack of documentation regarding a diagnosis of osteoarthritis, failure of conservative treatment, as well as adequate pain relief from the first injection. The request for Synvisc injections to the bilateral knees is not medically necessary or appropriate.